

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539351

FILING DATE

APPLICANT(S)

6/15/84

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1	1			
3			1			
4		1	1			
5			1			
6			1			
7		1	1	1		
8		1				
9		1				
10		1				
11		1				
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50						
TOTAL IND.	21	↓	2	↓		↓
TOTAL DEP.	10	←	10	←	10	←
TOTAL CLAIMS	12		12			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	←
TOTAL CLAIMS						